

# Balmoral Surgery Newsletter

Spring 2019 - Accessible version

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## Staff Changes

We are pleased to welcome some new members of staff to our team. We have two new Practice Nurses who have joined us, Sian Stanley and Petrina Adams and we also have a salaried GP, Dr Billie Murphy, who joined us in November. Dr Murphy is with us for four sessions a week.

## Zero Tolerance Policy

The Practice takes it very seriously if a member of staff or one of the doctors or nursing team is treated in an abusive or violent way.

The Practice supports the government's 'Zero Tolerance' campaign for Health Service Staff. This states that GPs and their staff have a right to care for others without fear of being attacked or abused. To successfully provide these services a mutual respect between all the staff and patients has to be in place. All our staff aim to be polite, helpful, and sensitive to all patients’ individual needs and circumstances.

Anyone giving verbal abuse to members of staff, either in person or over the telephone, will be sent a letter from the Practice Manager advising that this behaviour will not be tolerated. Any future violation of this policy will result in the removal from the Practice patient list.

We feel sure that you will understand that proper behaviour is absolutely necessary for our staff and patients and that non-observance will not be accepted.

## 10 insider tips that I bet you didn’t know about your GP

### Dr J Griffiths

**We’ve all been to the doctor, right? We know how it works; we know how to get an appointment and what to say when we go. I’m always surprised at how little people do understand about how their doctor’s surgery really works, and how to get the best out of them.**

**Do you have any idea how long your appointment slot is, or how many patients your GP will see each day? Hopefully you won’t need to visit your GP very often, but a bit of insider knowledge can help you when you do need to go!**

### 1. Your Doctor would like to give you more time

Most GPs provide just 10 minutes for an appointment. Although this might not seem very long you must remember that this has increased over the past 20 years from a typical 7.5 mins per appointment, and from even shorter appointments before then. GPs can choose to offer longer appointment times, but there is a balance between length of appointment and how many appointments they make available. This is obvious when you think about it do you offer fewer, longer slots, or more, shorter ones? What would you do? Depending upon your reason for attending, 10 minutes might be more than enough time, or woefully inadequate. Got a sore throat? You might be in and out in 5 minutes. Hearing voices and suicidal? You might be in there for half an hour, or probably longer. Your doctor will rely on a variety of problems presenting to balance these demands on their time, and hopefully will run roughly to schedule. Often they will run late.

You can help this by understanding how long your appointment slot is (just ask when you book), and working with your doctor to get things done in the time allowed. If you already know you are going to need more than 10 mins, ask reception if you can have a longer slot. They will probably be happy to oblige

### 2. If you arrive 10 minutes late, you have missed your appointment.

What I mean is that if you are 10 minutes late (or more), then **you are not just late, but your appointment slot has come and gone**. The next patient is now due. Remember that the impact of being late is not just on your doctor. They may be prepared to finish their surgery late in order to see you, but what about all the other patients who have booked

in and arrived on time? If you arrive late, this is who you are causing hassle for, all the people around you in the waiting room. I guess I’m just asking you to think is this fair?

### 3. Your Doctor has entrusted their reception staff with an important job

And that job is not just to make things as difficult as possible to make an appointment! The receptionist’s main job is to deal with enquiries, book appointments and generally ensure all is running smoothly. They are not medically trained, but they will have a really good understanding of the services on offer. My advice would be to entrust them with a rough idea of the problem that you have. This way they are able to direct you to the most appropriate course of action. Don’t forget that everyone who works in the surgery is covered by the same confidentiality clauses. You can trust that the receptionist is NOT going to be talking about you to others. Increasingly doctor’s surgeries include clinics run by nurses, physios, pharmacists and more. If you ring and insist on an appointment with a doctor, without explaining that it’s because you have a bad back, you might have missed out on seeing the physio - probably a better option for you.

If you are polite and friendly to reception, they will be polite and friendly to you. They are not trying to be obstructive, they are just doing their job - you might be anxious and stressed, but try to keep calm. The receptionist can be key in getting the right help as quickly as possible - just remember, that help might not be the GP.

### 4. Your Doctor might play golf, but probably not in their lunchbreak!

The traditional view that people have of GPs is that they see a few patients in the morning; a couple of visits, then are free until evening surgery at 5pm. Plenty of time for 18 holes in the afternoon? The traditional view is out of date. Most GPs see 18-20 patients in morning surgery, followed by visits, and then a further 18-20 patients in the afternoon. Many GPs see more than this. In addition to these face to face consultations, there will be phone calls and paperwork. Paperwork is an essential part of patient care, but takes time. It consists of looking through the results of the investigations that have been ordered, reading letters from consultants, acting upon these letters (consultants will not infrequently give actions for the GP to undertake), signing prescriptions (signing prescriptions is one of the riskiest things that GPs do - be aware of this and don’t be upset if there is a query over your medication - this might just mean that the GP is taking the trouble to check that this is safe for you and won’t kill you) and arranging the investigations and referrals from the previous surgery. The waiting room may be empty, but that doesn’t mean the GPs are all putting their feet up.

### 5. Your Doctor does not like lists

Well, let me clarify this. Your Doctor would advocate you knowing what you are coming for, and if writing this down in advance will help you, then I would suggest you do so. However, bearing in mind point one above, if you only have 10 minutes and if you pull out a list of 5 problems this is pretty stressful for your GP. Were you expecting 2 minutes per problem? Be realistic. Prioritise what you want from your doctor.

### 6. Your Doctor is not taking part in a medical drama.

When you watch the TV, watch out for the doctors. I bet, 9 times out of 10, that they get the diagnosis right, first time. I’m afraid this is not real life. Many conditions are not at all obvious, and time is the only sensible way to start to differentiate between them. GPs often get vilified in the press for not picking up serious illness (“I attended my GP 3 times before they referred me with my cancer…”). In reality serious illness often initially presents the same as mild, self-limiting illness. A cough, for example, can be caused by many things, from a simple viral infection to lung cancer. The patient who presents to their GP with a cough that they have had for less than a week is unlikely to get a chest X-ray on the first visit, but if it has failed to settle after 3--4 weeks, then that’s a different story. Be aware of this and remember that this is complex stuff. In particular, ask about the things that you should watch for and under what circumstances you should return for review.

### 7. Your Doctor is not not telepathic

Pretty obvious, right? Yet it seems that people think their GP will know what they are worried about, which of their problems is a priority for them and what their hidden fears are. A good doctor will no doubt explore all of this with you, but you can short-cut this. Be up front about what is on your mind. If you are worried because you think your rash or lump might be cancer, then say so. If you want to exclude some rare condition because your mother had it - let the doctor let the doctor know. Try not to leave your main problem until the end. You would be amazed how many people get through the whole consultation and then, at the end, say something like “While I’m here, can I mention this chest pain I’ve been getting?”

### 8. Your Doctor is a specialist

They have just specialized in being a generalist! Don’t make the mistake of thinking that there is a hierarchy of doctors, with GPs at the bottom and hospital consultants at the top. Your GP will have spent a minimum of 5 years in training AFTER medical school. They are experienced doctors qualified to look after you. Sometimes people think that going to A&E means you get to see a ‘proper doctor’ - remember that the junior doctor in A&E is likely significantly less experienced than your GP. Many people think that being a GP is the hardest job a doctor can do. If you are concerned that you might need to see a specialist, then talk this through with your GP - they are in a really good place to decide with you if that is what is needed, or not.

### 9. Your Doctor wants the best for you

If your GP decides not to refer you on, or not to prescribe anything, or not to investigate you it is not because they are trying to be difficult or just trying to save money (their take home pay is not affected by these things). It’s usually because they don’t feel you need any of the above. They also understand, probably better than you, the risks associated with over referral, over treatment and over investigation. This is not a game where you need to see how much you can get from the NHS. This is about keeping you healthy, investigating when appropriate, and treating when we need to. Bearing this in mind, your GP will not mind explaining it to you - just ask. If you were hoping for an X-ray, mention this and have a grown up conversation with your doctor about the pros and cons of doing that.

### 10. Your Doctor is self-employed

Did you know this? Why does it matter? GP partners own the business of the practice and are ‘independent contractors’ to the NHS. Many members of staff at the surgery, including some of the doctors, will be employed, but by the surgery not by “the NHS”. This has a number of implications:

Firstly, your GP receives a set amount of money per patient per year to provide all of their care. It doesn’t matter whether you see your GP every week all year, or don’t attend for 5 years; your GP gets the same amount of money for looking after you. You must not think that by seeing your GP you are ‘doing them a favour’ by bringing in money for your attendance! The amount of money your GP earns varies from practice to practice (they are all individual small businesses) but the average is around £140 per patient per year. This is really good value (***less than 40p per patient per day***), particularly when you consider this is the money the practice receives to provide all the services and pay all the staff including the doctors.

Secondly, this means that your doctor’s surgery is contracted to provide certain things, and not others, e.g. private letters. The payment GPs receive is not affected directly by referrals or prescribing - the costs for this are in a separate budget. If your GP decides to prescribe an expensive medicine for you they are not paying for it themselves. People often think that GPs switch medicines to cheaper ones in order to personally benefit financially. NOT TRUE! NOT TRUE! They are doing this to help the NHS budget as a whole, which I would hope we would all be in support of.

Finally despite [what The Sun might tell you](https://www.thesun.co.uk/news/5228391/britains-highest-earning-nhs-family-doctor-rakes-in-700000-a-year-sparking-fears-of-gp-empires/), your doctor does not earn £700k per year (unless your GP happens to be the sole one in the country that does …)

## Practice News

### Staff Training

Please note that Balmoral Surgery is closed from 12.30pm once a month to allow the doctors and staff to have protected learning time. These sessions are arranged by the South Kent Coast Clinical Commissioning Group and offer the opportunity for the Surgery Teams in our locality to get together for training purposes.

The dates of the next planned closures are as follows; 21st March, 25th April & 23rd May 2019

### Tell us what you think

If patients wish to have a say about the services provided by Balmoral Surgery, they are invited to attend our patient forum group. Patient forum groups have a very important role to play in the future of the NHS, and we welcome new members to the group. The group meets three times a year, if you are interested in joining this group please contact Becky.

Our next meeting will be held at the surgery on 4th June 2019 @ 6pm

If you would like to look at minutes from our previous meeting, please visit our website (www.balmoralsurgery.com) and follow the link to the patient forum page.

## Chasing up prescriptions

An increasing amount of our receptionists’ time is currently taken up by patients ringing to see if their prescription is ready. Our prescription turnaround time is two working days and they are ready from 5pm on the day of collection. If you do need to check if your prescription is ready, we would kindly ask that if you have a chemist collection, you contact the chemist to see if it is with them, rather than ring us. The majority of our scripts are sent electronically and therefore the chemist receives them as soon as it is signed by your GP.

## Why your doctor may be running late?

We understand that when the Doctor runs late it can be very frustrating and inconvenient for you and we wanted to try to explain some of the reasons why this happens sometimes.

**We assure you… we’re not twiddling our thumbs or playing computer games!**

There is no one single answer to why this happens. There can be lots of things that combine to make us run late and we’re often not able to tell you why as we need to maintain the confidentiality of all our patients.

It is also difficult to predict if we will continue to run late as we can often catch up when we have a few appointments with people who don’t need the full 10 minutes.

At Balmoral Surgery the GPs see approximately 12 patients in the morning, and 12 in the afternoon.

* Patients are booked at 10 minute intervals.
* This appointment includes discussing what is happening for you, and recording that in your records, so you can see how it can be easy to start to run a little late as the session goes on

Other reasons for running behind include;

* Multiple problems – Patients often come in with a list of problems and often it is the problem they get to last that is actually the most significant and demands more time in the consultation.
* Admissions to hospital – When someone is very unwell they may need admitting to a local hospital and the GP may have to do that there and then. This will involve the GP talking to the team at the hospital which can take some time and may require emergency treatment by the GP at the practice, sometime with the support of the ambulance crew as well, before they are transferred to hospital.
* Interruptions from other health care providers - GPs are part of a larger health care team and are often contacted by A&E departments, hospital doctors, laboratories, midwives, health visitors, social services etc. We try to arrange these conversations after booked surgeries, but in emergency/ urgent situations this cannot wait and so your GP may be dealing with one of these teams whilst you’re in the waiting room.

## Do you struggle to make an appointment at the surgery?

At Balmoral Surgery patients can make an appointment either via the telephone or online. We have a number of different appointment types, some which can be booked ahead of time, some which can be booked for the next day and some which are booked on the day. The majority of the appointments offered to patients on the phone are also available online too.

General Practice has changed significantly in the last few years and due to National Recruitment Crisis, Balmoral Surgery has fewer partners than in previous years. However, Balmoral Surgery has recruited alternative health professionals to help cope with demand. In addition to GP Partners we have a salaried GP at the practice, Dr Billie Murphy, and we regularly have other GP locums. We also have a Paramedic Practitioner working at the practice who can see a huge range of problems. The Paramedic Practitioner is always supervised by a GP so if she cannot deal with the presenting problem she will liaise with her GP supervising GP, rather than having to call you back another time.

We are aware that despite this we still only have a limited amount of appointments each day and often we are fully booked very quickly. However, although patients may not always be able to get an appointment for a non-urgent problem, our doctors will always see a patient if they think it is clinically urgent. The practice has a duty receptionist each day, and if a patient cannot get an appointment but they think they need to be seen that day, they will be put through to the duty receptionist who will liaise with a doctor and if it is clinically necessary they will be booked in on the same day with the appropriate health care professional.

Patients of Deal also have access to a Hub of clinicians based at Deal Hospital. If a patient cannot be seen at the surgery, they may be offered and appointment at the Hub, depending on whether their problem fulfils the criteria. The Hub is designed to see patients with new acute problems, not complex ongoing ones and therefore not everyone is suitable to be seen there at the moment.

## Diabetes UK - Chicken butter bean and leek pie

This golden potato-topped pie combines chicken with tarragon in a cheese sauce - a delightful medley of flavours for a hearty evening meal.

Serves 4 Prep 20 minutes Cook 50-60 minutes

### Ingredients:

1 tbsp oil , 2 large boneless, skinless chicken breasts, cubed , 2 leeks, sliced , 2 tbsp flour , 600ml semi-skimmed milk , 2 tbsp fresh tarragon, chopped , 50g mature Cheddar, grated , 420g tin butter beans, drained and rinsed , 750g floury potatoes, cooked and mashed & knob butter

### Method:

Preheat the oven to 200°C/gas 6. Heat the oil in a saucepan add the chicken and leeks and fry for 4-5 minutes until the chicken begins to brown.

Stir in the flour and 450ml of the milk, bring to the boil and stir until thickened. Stir in the tarragon half the cheese and the butter beans and season well. Tip into an ovenproof dish.

Mix together the mashed potato, remaining milk, butter and the remaining cheese and pipe or spoon over the chicken mixture.

Place the pie in the oven and cook for 20-25 minutes until golden and bubbling

## Friends and Family Test

Balmoral Surgery is always keen to get feedback from our patients. We encourage patients to complete our friends and family test and if we have a mobile number recorded for a patient we will send them an invite to complete this after any appointment they have. We also have paper copies of this questionnaire at reception if anyone would like to complete this survey but does not have a mobile telephone. They results from January’s survey are listed below.

**How likely are you to recommend your surgery to your friends and family?**

Don't know 1

Extremely unlikely 1

unlikely 1

neither likely or unlikely 0

Likely 30

Extremely Likely 84

Total 117

## Out of Area Registration

*“From 5.1.15 all General Practices are able to register new patients who live outside the Practice area without any obligation to provide home visits or services out of hours when the patient is unable to attend their registered Practice. Changes made to the GP contract mean those obligations may be set aside and do not apply when the GP practice decides, at the point of registration, that it is clinically appropriate and practical to register the individual patient in this way”*

Balmoral Surgery abided by this contract change in 2015 and allowed patients living outside our boundary to register for Out of Area Registration. This was particularly convenient for those who work in Deal but live in Canterbury for instance meaning that they left home before the Practice would be open, and were home later that appointments were available. They could register here and be seen during the working day and if they ever required a home visit, this would be arranged by the 111 service and wasn’t the responsibility of their registered Practice.

Unfortunately, over the last few months, it has become increasingly evident to us that this system is not running effectively. We have had three incidents where patients registered with us for Out of Area service have needed a home visit and there has been no commissioned service in place to perform the home visit. We have discussed this in the Practice and have come to the conclusion that it is therefore not safe for us to continue to have patients registered under this scheme.

We have further discussed this with the local South Kent Coast Clinical Commissioning Group who took over commissioning of Primary Care services from NHS England. They are in support of our decision because they have been unable to source cover locally to carry out home visits for patients with Out of Area registration.

We have therefore written to patients who are registered for Out of Area services and advised them to re-register with a Practice closer to their home and one with boundaries which cover their home address. They can find a Practice that will accept them for full services by searching on the NHS Choices website and looking at Practice boundaries, or they can contact the SKC CCG for further information and guidance on 0300 042 4700.

This isn’t a decision that we have taken lightly, but we feel in the interest of patient safety we have no choice. We recognise some patients might feel that it doesn’t matter to them because they never require a home visit, but unfortunately neither did the three patients who then went on to need one when their situation changed unexpectedly.

We really hope that patients will understand this decision. It simply isn’t safe to continue with a service whereby a patient has no one who can perform a home visit should their situation suddenly change.